



2008 FR-900A Employer Withholding Tax — Annual Return



OFFICIAL USE ONLY

Taxpayer Identification Number

Fill in if FEIN Final return indicator.

Business name

Fill in if SSN

DC income tax withheld this year (dollars only)

00

Mailing address line 1

Due Date

Account Number

Mailing address line 2

1/20/2009

City

State Zip Code +4

Telephone number of person to contact

Preparer's FEIN, SSN or PTIN

Under penalties of law, I declare that, to the best of my knowledge, this return is correct. Declaration of paid preparer is based on the information available to the preparer.

Taxpayer's signature

Title

Date

Paid Preparer's Signature

Date